

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/937558

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		1				
5		4				
6		4				
7		4				
8		0				
9		0		1		
10		0		1		
11		0		1		
12		0	1			
13		0		1		
14		0		1		
15	1		1			
16		1		1		
17		2		1		
18		0		3		
19		0		3		
20		1		1		
21			1			
22				1		
23				3		
24				3		
25			1			
26						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	2		4			
TOTAL DEP.	28		28			
TOTAL CLAIMS	30		32			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS

BEST AVAILABLE COPY